



15992 U.S. PTO

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: December 16, 2003
File No. 1508.68806

031354 U.S. PTO
10/737183

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Yoshio Koike

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

For:

Dec. 16, 2003
Date

Dail Amam
Express Mail Label No.: EV032735618US

Enclosed are:


- (X) 85 pages of specification, including 17 claims and an abstract.
() an executed oath or declaration, with power of attorney.
(X) an unexecuted oath or declaration, with power of attorney.
() sheet(s) of informal drawing(s).
(X) 25 sheet(s) of formal drawings(s).
() Assignment(s) of the invention to and Assignment Cover Sheet.
() A check in the amount of \$ to cover the fee for recording the assignment(s).
() Information Disclosure Statement, Form PTO-1449 and cited references.
() Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

- | | | | | | |
|--------------------------------------|-----------|---|-----------|------------------|--------------------------------------|
| a) Basic Fee | | | | | \$ 770.00 |
| b) Independent Claims | <u>1</u> | - | <u>3</u> | = | <u>0</u> x \$ 86.00 = \$ <u> </u> |
| c) Total Claims | <u>17</u> | - | <u>20</u> | = | <u>0</u> x \$ 18.00 = \$ <u> </u> |
| d) Fee for Multiple Dependent Claims | | | | | \$ 290.00 = \$ <u> </u> |
| | | | | Total Filing Fee | <u>\$ 770.00</u> |
- () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
() A check in the amount of \$ to cover the filing fee is enclosed.
() Charge \$ to Deposit Account No. 07-2069.
() Other .
(~~-~~) ~~The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069.~~
~~A duplicate copy of this sheet is enclosed.~~

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

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